

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/08/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 72148-WP-22 for date of service 11/13/02. The Carrier denied additional reimbursement as "F – Fee Guideline MAR Reduction."

II. RATIONALE

The Requestor billed \$1,100.00 for a whole procedure for an extended MRI of the lumbar spine. The Carrier reimbursed \$756.00. According to the 1996 Medical Fee Guideline, the MAR is \$924.00. Relevant medical documentation submitted, supports the delivery of service as billed. Therefore, additional reimbursement is recommended in the amount of \$168.00 (\$924.00 MAR - \$756.00 Carrier reimbursement = \$168.00).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is** entitled to additional reimbursement for CPT code 72148-WP-22 in the amount of **\$168.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$168.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 21st day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd